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The disease is on the decrease in New York City.

In Philadelphia during the week ended September 2 there were 120 cases reported. During the preceding week 132 cases were reported.

In Long Branch, N. J., during the week ended September 2 there were eight cases reported, while during the preceding five weeks only six cases all together had been reported.

In Cleveland, Ohio, five cases were reported during the week ended September 2, while during the preceding two weeks two and one cases, respectively, were reported.

In the city of Washington (District of Columbia) there were three cases reported during the week ended September 2, and during the preceding three weeks seven, five, and three cases, respectively.

POLIOMYELITIS (INFANTILE PARALYSIS).

MINIMUM REQUIREMENTS FOR ITS CONTROL INDORSED BY THE CONFERENCE OF STATE AND TERRITORIAL HEALTH AUTHORITIES WITH THE UNITED STATES PUBLIC HEALTH SERVICE, WASHINGTON, D. C., AUGUST 18, 1916.

1. *Reports.*—Every physician, attendant, parent, householder, or other person having knowledge of a known or suspected case of acute anterior poliomyelitis (infantile paralysis) must immediately report the same to the local health authorities.

2. *Placarding.*—Whenever a case of acute anterior poliomyelitis is reported to the local health authorities, they shall affix in a conspicuous place at each outside entrance of the building, house, or flat, as the case may be, a warning card. Defacement of such placards or their removal by any other than the local health authorities or the duly authorized representative of the State board of health is strictly prohibited.

3. *Quarantine of patient.*—All cases of acute poliomyelitis must be quarantined for at least six weeks. Quarantine must not be raised, however, until the premises have been thoroughly disinfected by or under the supervision of the health officer. All persons continuing to reside on the infected premises shall be confined to the infected premises until quarantine has been raised, except as hereinafter provided.

No one but the necessary attendant, the physician, the health officer and representatives of the State board of health may be permitted to enter or leave the infected premises. Upon leaving they must take all precautions necessary to prevent the spread of the disease. The nursing attendant may leave the premises only on permission granted by the local health officer.

4. *Quarantine of exposures.*—Members of the family over 16 years of age may be removed from the infected premises upon permission

granted by the local health officer after thorough disinfection of person and clothing.

Children of the family may be removed from the infected premises upon permission of the local health officer after thorough disinfection of person and clothing. Such children may be removed only to premises upon which none but adults reside, and must be confined to the premises (in the house) for two weeks from date of removal, during which period they must be kept under close observation by the local health authorities, and no child shall be permitted to visit or otherwise come in contact with them during this period. They must not return to the infected premises or come in contact in any way with the patient or attendant until quarantine has been terminated.

All children who continue to reside on the infected premises must be held under close observation for at least two weeks following termination of the last case on the premises.

5. *Exclusion from the schools, etc.*—All children who continue to reside on the infected premises must be excluded from the schools and other public gatherings for at least two weeks following date of raising of quarantine.

All children who have been exposed to the disease and who have been removed from the infected premises, in accordance with the provisions of rule 4, must be excluded from the schools and from all public gatherings for at least two weeks from date of last exposure.

The patient must be excluded from the schools and all public gatherings for at least two weeks after quarantine is raised.

School-teachers and other persons employed in or about a school building who have been exposed to the disease must be excluded from the school building and grounds for a period of two weeks following date of last exposure and until persons and clothing have been thoroughly disinfected.

Whenever the schools are closed on account of an outbreak of acute poliomyelitis, children under 16 years of age shall be excluded from Sunday schools, churches, picture shows, and all other public gatherings and shall be confined to their own premises.

6. *Precautions.*—No person, except the necessary attendant, the physician, and the health officer may be permitted to come into contact with the patient. Such persons must not handle or prepare food for others, and their intercourse with other members of their household must be as restricted as possible.

The infected premises, especially the sick room, shall be thoroughly screened against flies, and any such insects as may enter the sick room shall be exterminated therein. All toilets used by the patient or attendants and those in which discharges from the patient are

deposited must be thoroughly screened against flies and freely treated with an approved disinfectant.

7. *Removals.*—No person affected with acute anterior poliomyelitis shall be removed from the premises upon which he is found unless consent to such removal be first obtained from the local health authorities or the State board of health, and then only after strict compliance with the provisions of these rules. Under no circumstances shall permission be granted for the removal of any patient or article from the infected premises to any premises upon which milk or other food stuffs are produced, sold, or handled.

No person affected with acute anterior poliomyelitis shall be removed from any city, village, township, or county in which he is found unless consent to such removal be first obtained from the State board of health.

8. *Sale of milk and other foodstuffs from infected premises prohibited.*—Whenever a case of acute anterior poliomyelitis shall occur on any premises where milk or other foodstuffs are either produced, handled, or sold, the sale, exchange, or distribution on such premises in any manner whatsoever, or the removal from the infected premises of milk, cream, any milk products or other foodstuffs until the case has been terminated by removal, recovery, or death, and the premises and contents and all utensils have been thoroughly disinfected under the supervision of the local health authorities, is prohibited: *Provided*, That in the event of acute anterior poliomyelitis occurring on a dairy farm the live stock, the properly sterilized milk utensils and delivery outfit, may be removed to some noninfected premises and the milking done and milk cared for and sold from such other premises by persons other than those of the household of the person so affected, upon obtaining permission to do so from the local health authorities or the State board of health.

Whenever a case of acute anterior poliomyelitis shall occur on premises connected with any store, such store shall be quarantined until the case has been terminated by removal, recovery, or death, and the premises are thoroughly disinfected: *Provided, however*, That if the premises are so constructed that the part in which the case exists can be and is effectively sealed, under the supervision of the local health authorities, from the store: *And provided further*, That the employees and all other persons connected with the store do not enter the part of the premises where the case exists and do not come in contact with the patient, his attendant, or any article whatsoever from the quarantined premises; the store attached to the quarantined premises need not be closed.

9. *Delivering of milk, groceries, and other necessities.*—Milk, food-stuffs, and other necessities may be delivered at the quarantined premises, but there must be no contact between the patient or attend-

ant and the delivery agent. The householder must provide a sterilized container (a freshly scalded bottle or pail) to receive the milk, and the delivery agent must not handle this bottle or pail in making the delivery.

No milk bottle, basket or any other article whatsoever may be taken out of or away from the infected premises during the period of quarantine. Before milk bottles are removed from the premises after quarantine is raised they must be sterilized under the direction of the local health authorities. Mail which has been handled by the patient or attendant must not be taken from the premises.

10. *Disinfection*.—All articles taken from the sick room must be disinfected upon removal. Exposure in the open air of carpets, rugs, curtains, bedding, and similar articles from the infected premises for the purpose of airing, shaking, beating, or sunning is strictly prohibited, unless, in the opinion of the local health authorities, such may be done without danger of the spread of the disease.

Books, toys, and other similar articles used to amuse the patients are best disposed of by burning. Under no circumstances should borrowed toys or books be returned. Library and school books must not be returned; they must be burned.

Bed and body linen which has been in contact with the patient and handkerchiefs or cloths which have been used to receive discharges from the patient must be immersed in an approved disinfectant before removal from the sick room, and after removal should be boiled.

All discharges from the patient must be thoroughly disinfected before removal from the sick room.

No article of clothing or other article may be removed from the infected premises to a laundry or other place for washing unless previously disinfected by immersion in an approved disinfectant and the approval of the local health authorities has been obtained.

House animals, such as cats, dogs, or any other household pets, and all other animals or fowls must be strictly excluded from the infected building, house, or flat, as the case may be, during the entire period of quarantine. Any such animals which have been in contact with the patient must be subjected to a thorough disinfecting bath before removal from the infected building, house, or flat, and must not be permitted to reenter the same. Such animals must be confined in an outbuilding. Dogs and cats running at large should be destroyed.

Before quarantine is raised the infected premises and all articles of furniture and clothing therein must be thoroughly disinfected by or under the supervision of the local health authorities in a manner approved by the State board of health.

11. *Deaths, burials, and transportation of the dead.*—When the body of anyone dead from acute anterior poliomyelitis is to be transported by railroad or other common carrier, the official rules of the State board of health governing the transportation of the dead must be observed.

STATUS OF POLIOMYELITIS IN NEW YORK CITY.

Report received from C. H. LAVINDER, Surgeon, United States Public Health Service.

The following brief notes (dated Aug. 26, 1916) are in continuation of previous reports. The statements made, however, are all provisional. It is as yet much too early to form definite conclusions or make final statements on the epidemic in New York City and its vicinity.

A study of the daily report of cases in Greater New York seems to indicate definitely that the epidemic is declining. If the reported cases are analyzed by weeks, it is seen that the highest number reported for Greater New York occurred in the week ended August 12, with a total of 1,210 cases. For the week ended August 26, which is the date of this report, this total has fallen to almost half that number. (See Table 1.)

If the figures for the various boroughs are examined by weeks, it will be noticed that in the Borough of Brooklyn, which was the first borough involved, the epidemic has been steadily declining for some time. The number of cases in the Borough of Richmond, which passed the crest in the third week of July, continued to fall until the week ended August 12, since which time it has remained stationary, some 15 cases being reported each week for the last three weeks. The population of this borough is the smallest population of all the boroughs and is approximately 100,000. The number of cases in the Borough of Queens did not reach its maximum until the week ended August 12, since which time it has declined, but not so markedly as in the Borough of Brooklyn. The number of cases reported in the Boroughs of The Bronx and of Manhattan, both of which reached their maximum about the same time, has shown only a modest decline. It is somewhat striking that while the general decline in the epidemic for the entire city seems quite evident, the number of cases reported in certain of the boroughs, although they have apparently passed the crest, still remains high.

The fatality rate for the entire city, calculated on total cases and total deaths, has shown some increase, and at this date is approximately 23.5 per cent. The fatality rates for the different boroughs are not given, since the data as collected would be somewhat misleading. The reason for this is that deaths are reported from the boroughs in which they occur and not from the boroughs in which they originate.